EXPLANATION OF OPTIONAL SETTLEMENTS

A member's unmodified retirement allowance is paid during his lifetime and stops at his death unless it is subject to automatic continuance (see below). Instead of the unmodified allowance, a member may elect a reduced income under one of the following options in order to provide protection for a beneficiary.

Option No. 1—If the retired member dies before he receives in annuity payments (provided by his contributions) the amount of his accumulated contributions at retirement, the balance will be paid his beneficiary.

Option No. 2—The amount of reduced retirement allowance will be paid during the lifetime of the retired member, and the same monthly amount will be continued throughout the remaining lifetime of his beneficiary.

Option No. 3—The amount of reduced retirement allowance will be paid during the lifetime of the retired member, and fifty per cent of his reduced retirement allowance will be continued throughout the remaining lifetime of his beneficiary.

The allowance payable to the retired member will be larger than the allowance payable under Option No. 2.

Option No. 4—The retiring member may elect such other joint annuity benefits as are the actuarial equivalent of his retirement allowance, as are approved by the Board.

NOTE: Dates of birth of beneficiaries under Options 2, 3, and 4 (if a life income is provided the beneficiary) must be supported by satisfactory documentary evidence before allowance payments can commence. If you plan to elect Option 2, 3, or 4 (providing for a life income to a beneficiary), you should obtain a certificate of birth, baptismal certificate, or family Bible record showing the date of birth of your beneficiary and send such documentation to the System before the effective date of your retirement. Documents provided will be returned. A delayed birth certificate based upon affidavits, or a sworn affidavit is not acceptable as proof of date of birth. A copy of the marriage license must also be submitted if the name in the proof of birth date is other than the present married name of the beneficiary.

EXPLANATION OF AUTOMATIC CONTINUANCE

(Applies ONLY to Forestry, Warden, Patrol, and Certain Local Safety Members)

One-half of the service or industrial disability allowance payable to a retired Forestry, Warden, or Patrol member will be continued to certain survivors after the death of such a retired member. The provision also applies to those local safety members whose agencies have elected to include Government Code Section 21264 in their Retirement System contracts. If a member subject to this coverage elects an option, the option will apply only to the portion (one-half) of the allowance which would not be automatically continued.

75260 4-58 30M. ② SPO

20-A

MEMBER NUMBER

STATE EMPLOYEES' RETIREMENT SYSTEM

1227 O STREET

SACRAMENTO 14, CALIFORNIA

APPLICATION FOR RETIREMENT

To the Board of Administration
State Employees' Retirement System
1227 O Street
Sacramento 14, California

In accordance with the State Employees' Retirement Law, I hereby elect to leave my contribution on deposit in the retirement fund and make application for _____ (Service or Disability) Retirement to be effective _____, 19____. I was last employed as a _____ (Title or Position) in _____ (Department, and Division or Branch) of _____ (Employer; i.e., State of California or Contracting Agency).

I was born on _____ (Month Day Year). If you are also a member of any independent County Retirement System, enter name of County (_____ (Name of County)).

Consideration of Optional Settlements

CHECK ONE

☐ Please furnish the amounts of the monthly allowance payable under:

CHECK ANY OR ALL

☐ Option No. 1

☐ Option No. 2

☐ Option No. 3

as described on the reverse. (If Optional settlement 4 information is desired, please submit a statement describing the plan desired.) My beneficiary will be _____ (First Name Middle Initial Last Name), my _____ (Relationship), who was born _____ (Month Day Year).

☐ I do not wish estimates of the optional settlement amounts. I plan to select the highest monthly allowance payable (unmodified by optional settlement).

I understand that the State Employees' Retirement Law provides that a person cannot be given credit in the California State Employees' Retirement System for service which is also credited in any other retirement system supported by public funds, other than under the Federal Old-Age, Survivors, and Disability program.

I HEREBY CERTIFY That I _____ ("am" or "am not") entitled to receive now or in the future, a retirement allowance or pension or other benefit from any public retirement system maintained by a city, district, county, State, United States Government, or any public body whatsoever, other than the California State Employees' Retirement System or the Federal Old-Age, Survivors, and Disability Insurance program on account of service credited under said Employees' Retirement System. If "am" is entered in the preceding sentence, the name and address of the retirement system other than the California State Employees' Retirement System, from which I am entitled now or in the future, to receive a retirement allowance or pension is _____ (Name of System), _____ (Address of System).

[*Please Print*] _____ (First Name Middle Initial Last Name)

_____ (Mailing Address: Number and Street)

_____ (City), _____ (Zone), Calif.

Signature _____ (First Name Middle Initial Last Name)

Date _____, 19____

RET. FORM 369 (REV. 4-58)

RETIREMENT - VOLUNTARY

1.0 Employees who are members of the State Employees' Retirement System may voluntarily retire from service if at least 55 years of age and have either

A. over $500.00 in accumulated contributions in the Retirement Fund

or

B. be entitled to be credited with 20 years of state service.

2.0 If you are eligible and wish to retire you should submit your Application for Retirement (available from the Personnel Office) approximately 60 days in advance of the date you wish your retirement to start. Under certain conditions a person may return to state employment from a voluntary retirement.

RETIREMENT - COMPULSORY

1.0 Any Sonoma State Hospital employee shall be retired on the first day of the calendar month next succeeding that in which he attains age 70.

A. If such employee wishes to resign and secure a cash refund of his retirement he should resign and separate before the last day of the month in which he attains age 70.

B. If an employee works through the last day of the month in which he attains age 70 he automatically is on retirement and is not entitled to a cash refund.

2.0 At any time prior to the payment of his first retirement allowance, a person whose retirement was compulsory may file with the State Employees' Retirement System a request for refund of his accumulated contributions as of the effective date of such retirement, in lieu of any other benefits payable under this part. Upon receipt of such request so filed, such contributions shall be paid to him forthwith and he shall not be entitled to any other benefits payable under this part.

RETIREMENT - DISABILITY

1.0 If an employee feels he is physically or mentally incapacitated to work he may apply for disability retirement by submitting an application for Retirement (available from the Personnel Office) to the State Employees' Retirement System.

A. Right of return to his former position is guaranteed an employee when State Employees' Retirement System indicates that the employee is no longer incapacitated to perform the duties of his former position.

B. This action is taken by the State Employees' Retirement System after an employee on disability retirement applies for reinstatement and satisfactorily passes a physical examination approved by the State Employees' Retirement System.

SONOMA STATE HOSPITAL
TERMINAL CLEARANCE

_____ Position #_____
Employee (Unit) (Class) (Serial)

Last Day Worked_____

PERSONNEL CHECK OUT SHEET

INSTRUCTIONS TO SEPARATING EMPLOYEE:

Before your final pay check may be prepared it is necessary that your outstanding bill, etc. with this hospital be resolved. To indicate this clearance you must obtain the signature of the proper representative from each unit below after which this sheet must be returned to the Personnel Office. Employees housed on grounds during employment must clear with housekeeper before they can be cleared for Room Rentals by Accounting.

INSTRUCTIONS TO UNIT REPRESENTATIVES:

The employee whose name appears above is separating from our employ on the date shown. Will you kindly sign your name after your unit to indicate this employee's clearance from obligations to your unit.

UNIT		SIGNATURE	DATE
YOUR IMMEDIATE SUPERVISOR		_____	_____
KEYS: Nursing Service Personnel go to Central Nursing Serv.-Rm. 155 in Administration Building.			
All other Employees go to Locksmith in Carpenter Shop back of Laundry.		_____	_____
IN-SERVICE TRAINING OFFICE		_____	_____
ELDRIDGE STORE		_____	_____
Administration Building			
CREDIT UNION Room 149	(Check) (___) (Ret.) (___)	_____	_____
SECURITY - Room 133		_____	_____
SUPERVISING HOUSEKEEPER - Room 140		_____	_____
TELEPHONE - Switchboard		_____	_____
LIBRARY - Room 216		_____	_____
TERMINAL INTERVIEW (_____) (Name)		_____	_____
TIMEKEEPER - Window between 104 & 105.		_____	_____

If unable to obtain all signatures you should so advise the Personnel Office.

Separating Employees are reminded to notify the Post Office of changes of address, release of post office boxes, etc.

4/13/59 (Rev.) Pers. 11

SEPARATIONS - cont.

VERBAL RESIGNATION - cont.

7.0 Separating employees who are members of the State Employees' Retirement System and therefore have had retirement contributions deducted from their earnings should complete the State Employee Retirement System Form #238 -- Request for Disposition of Separated Members' Retirement Contributions after signing their resignation (Form #605 - Report of Separation).

SEPARATIONS

RESIGNATION

1.0 Any employee may voluntarily resign if he so desires. A resignation paper (Form #605 - Report of Separation) should be signed in the Personnel Office.

Personnel Check Out Sheet:

2.0 On the page following is a sample Personnel Check Out Sheet commonly referred to as a "clearance sheet".

A. As a matter of routine procedure every separating employee is required to have this form completed, i.e., signed by appropriate representatives of the departments or offices listed.

B. This sheet is left with the Timekeeper after all possible signatures are obtained.

3.0 The final pay warrant cannot be released until any outstanding charges are paid, books, texts or equipment returned and the employee is cleared by the department affected.

4.0 Any employee who gives written indication of resignation will be given credit for all holidays and vacation days, as well as overtime, that have been earned.

A.W.O.L.

5.0 Any employee who is absent without leave (AWOL), whether voluntary or involuntary, for 5 consecutive working days is dropped from the payroll by automatic resignation.

A. If an employee fails to return from a leave of absence and does not notify his department either verbally or in writing, the separation will be reported as AWOL.

B. An AWOL is posted to the employee's record and is considered as an unfavorable type of separation. Future State Civil Service employment is delayed until a satisfactory explanation of the AWOL has been submitted. Reinstatement is not approved unless the explanation of the AWOL is satisfactory. Eligibility for certification from any eligible list is withheld until a satisfactory explanation of the AWOL has been submitted.

VERBAL RESIGNATION

6.0 An employee with permission to be absent will not be dropped until after fifteen (15) working days. Such separation will be reported as a verbal resignation if the reason given for the absence is acceptable to the Superintendent of Nurses and to the Personnel Officer. If the reason given is not acceptable to the Superintendent of Nurses and the Personnel Officer, and the employee is not given permission to be absent, he may be made AWOL in spite of his verbal notice.

(TC) (CERT) (STAT) (FILE) (ROUTING - PERSONNEL BOARD)

FORM NO. 605 REV. 8-57

STATE OF CALIFORNIA — PAYROLL ROSTER CHANGE

REPORT OF SEPARATION

☐ LEAVE 16-B

☐ SEPARATION (For Personnel Board Use)

1 (a) Controller's Disbursing Office — SAC ☐ SF ☐ LA ☐

2. Employee Number

3. Name of Employee (first name / initial / last name)

1 (b) Document No. (For use in agency, if desired)

4. Birthdate

5. Mailing Address of Employee

Sample Copy

6. Effective Date

7. Location of Employment (city)

9 (a) Department and Organizational Unit (CODE NO.)

9 (b) Attendance Reporting Unit

9 (c) Class Title

9 (d) Serial Number of Position

9 (e) Type of Position Code — CIVIL SERVICE CODE 1—PERMANENT 2—TEMPORARY 3—BLANKET; EXEMPT CODE 4—PERMANENT 5—TEMPORARY 6—BLANKET 7—STATUTORY

10 (a) Rate of Pay $ Per MONTH ☐ DAY ☐ HOUR ☐

10 (b) Pay Period MONTHLY ☐ SEMI-MONTHLY ☐

10 (c) Fraction

11 (a) Final Payment to Employee

☐ MAKE IMMEDIATE PAYMENT FOR TIME TO BE PAID THROUGH DATE OF SEPARATION

☐ PAY LUMP-SUM VACATION ONLY IF APPROVED BY PERSONNEL BOARD (APPLIES ONLY TO UNFAVORABLE SEPARATIONS)

☐ PAYMENT RECOMMENDED BY AGENCY

☐ PAYMENT NOT RECOMMENDED BY AGENCY

11 (b) Lump-Sum Payment — DAYS AND HOURS

VACATION

OVERTIME

11 (c) Salary Payment This Period

LAST DAY WORKED

TIME TO BE PAID DAYS AND HOURS

8. Type of Separation (Check only one box)

RESIGNATION TO ACCEPT OTHER STATE EMPLOYMENT

(7) ☐ Permanent or probationary Employee

(7) ☐ Limited-Term, TAU, or Exempt Employee prior to expiration

RESIGNATION FROM STATE SERVICE

(2) ☐ Permanent or probationary Employee

(U) ☐ Limited-Term, TAU or Exempt Employee prior to expiration

(L) ☐ AWOL

TERMINATION BY AGENCY

(D) ☐ Termination of Limited-Term, TAU, or Exempt Employment

(1) ☐ Layoff of a permanent or probationary employee

(3) ☐ Rejection during probation

(8) ☐ Dismissal

LEAVE

(F) ☐ Military Leave of Absence

(6) ☒ Leave of Absence for 3 months

OTHER

(X) ☐ Transfer To _____ (Name of Agency)

(4) ☐ Retirement _____ (Date)

(5) ☐ Death

12 FOR STATE CONTROLLER'S USE ONLY

POS.	ROLL	CARD	SALARY	PAY	RET. RATE	TAX	NORM. DAYS	GROSS	DAYS	HOURS TIME WORKED	PAY PERIOD

14. Statement of circumstances if resignation is accepted with prejudice, or reasons if a Limited-Term, TAU, or Exempt Appointment is terminated for cause. Reasons for recommendation in Item 11 (a.) Other remarks.

(Area Supervisor)

approved by —

Date:

15 (a) Resignation

☐ I hereby tender my resignation from the position named above. This resignation is executed by me freely and voluntarily and of my own free will and is not given by reason of any threat, force, duress, or any undue influence by any person.

☐ I have ☐ I have not accepted other State employment.

(b) Leave of Absence

☒ I request a leave of absence for the period of time stated in Item 8.

(c) Reason for Resignation or Leave of Absence: appendectomy

John Doe — SIGNATURE OF EMPLOYEE

7/1/59 — DATE

16 Certification of the Appointing Power

For Agencies in State Pay Roll System: "The foregoing additions to, deletions from, or changes in the original pay roll roster of the herein named state agency are true, correct, and in accordance with law. As modified to date by pay roll roster changes filed with the State Controller, to and including the within, said original pay roll roster is true, correct, and in accordance with law. All persons added to the pay roll roster, or whose status is modified, by this pay roll roster change were employed in approved established positions and have, if required by law, taken the oaths, including the oath set forth in Section 3103, Government Code.

Attendance data stated herein is correct, complete and in accordance with all laws and regulations.

For The Appointing Power:

Date

17 State Personnel Board Approval

irement system member who is separating permanently from State service should orm 238 from his department and file it with the State Retirement System.

(EMPLOYEE)

HOW TO OBTAIN A LEAVE OF ABSENCE

1.0 In order to obtain a Leave of Absence without pay, an employee is to see his or her Division Supervisor who will make the initial entries on form #605.

1.1 The employee will then take the approved form to the Personnel office for further processing.

(See Sample, page 16 B)

REGULAR LEAVES OF ABSENCE - cont.

REINSTATEMENT:

4.0 At the expiration of the leave the employee has an absolute right of return to his position.

A. Failure to return to the position at termination of a leave is an automatic resignation from State service.

B. If the leave was for illness or injury the personnel office must be supplied with a statement from an attending physician releasing the employee to return to duty at the termination of the leave.

DEDUCTIONS, INSURANCE PREMIUMS, C.S.E.A. DUES, ETC.:

5.0 You must pay group insurance premiums or C.S.E.A dues, etc., direct to the insurance company and C.S.E.A. during your leave of absence as you will have no earnings from which they can be deducted.

SALARY ADJUSTMENT:

6.0 If the employee has not reached the maximum rate of his classification his normal date for an annual salary raise will be postponed by the number of months taken for the leave of absence.

OTHER TYPES OF LEAVE:

7.0 The above information concerns regular leaves and does not relate to other types of leaves which may be granted such as for military duty, loan to other agencies and for veteran's education.

Questions unanswered above may be discussed with the Personnel Office - (Ext. 369).

It is to your advantage to discuss your proposed leave of absence with your Supervisor and the Personnel Office well in advance of the date you expect to start your leave.

REGULAR LEAVES OF ABSENCE

ELIGIBILITY:

1.0 May be granted a permanent civil service employee or a probationer who either:

A. Immediately preceding his appointment held permanent civil service status in another class.

B. Was prevented from completing his probationary period by entry into U.S. military service.

C. Requires it for temporary illness or injury.

1.1 Leaves can be granted only those expecting to return to state civil service.

REASONS:

2.0 To attend school or college or to enter training to improve quality of service:

A. Temporary incapacitation by illness or injury. A request for leave for illness or injury must be accompanied by a physician's statement verifying the need and indicating the duration of leave required.

B. Pregnancy.

C. Loan to another governmental agency.

D. For employment in civilian war work or for some other equally satisfactory reason.

2.1 Except as indicated above, leaves cannot be granted those accepting other employment.

LENGTH:

3.0 Up to the discretion of the institution:

A. Leave is expressed in terms of full calendar months and begins the day following the last day worked or that the employee was carried on sick leave, vacation or overtime.

B. The total leave may not exceed one year.

C. Requests to return to work before expiration of the leave or to extend the leave should be made to your supervisor well before the effective dates. Both require approval by the Personnel Officer.

VACATION

1.0 All vacations of ward personnel will be arranged by conference with the Senior Psychiatric Technician II and then will be checked by the Area Supervisor. If the arrangement is satisfactory, the employee must make out and sign his vacation papers (Absence Request Form #634) on the ward before leaving on vacation. Employees whose requests cannot be granted for the time requested will be notified so they may have another opportunity to indicate their preference.

A. One or two vacation days may be taken off in case of emergency other than sickness when the employee has no holidays which may be used. The employee must make written request for such use of vacation days, and the request must be approved by the Area Supervisor before the employee takes the day off. Upon request, five vacation days may be taken between two long weekends if the help situation permits.

B. An employee may not carry forward more than 30 days vacation at the beginning of each year. All holidays and overtime must be used before vacation days in normally scheduled vacations; however, if use of the overtime or holidays will result in the employee carrying more than the regulation 30 days vacation into the next year - the vacation days may be used first to reduce the employee's balance to thirty (30) days.

JURY DUTY

1.0 Employees who are called for jury duty will be allowed their full salary for the time it is necessary for them to be away for such jury duty, provided they refund to the State the jury (or panel) fee received. The employee may retain any reimbursement for travel expense. This time off will not be charged to vacation or accumulated holiday time unless the employee elects to retain the jury fees paid him.

A. The employee called for jury duty must submit an Absence Request (Form #634) in duplicate to his Supervisor at least a day before such jury duty. The Supervisor will affix his signature of approval and transmit the Absence Request Forms IMMEDIATELY to the Timekeeper. The Timekeeper retains the Absence Request for Jury Duty until the employee returns to duty when the employee shall report his return to both the Supervisor and Timekeeper. The Timekeeper shall then complete that portion of the Form #634 indicating the period of absence.

B. If the employee elects to retain the jury or panel fee, the absence may be charged to vacation, holiday, or compensating time off, and the proper form submitted accordingly.

C. Should the employee prefer not to use vacation, holiday or compensating time he must get his completed and approved Form #634 covering his absence for jury or panel duty from the Timekeeper and present it to the Accounting Office together with the check received from the Court. The Accounting Office will deduct whatever amount represents the jury or panel service fee and the balance, if any, representing mileage or meal allowance or both will be returned to the employee together with their (Accounting Office's) receipt. The Accounting Office will retain the Form #634 turned in to them and the employee will take the receipt back to the Timekeeper who will attach it to her copy of the Form #634 covering the employee's jury duty absence.

SICK LEAVE EXCLUSION REPORTS

1.0 The Federal Income Tax Law allows you to exclude from your reported taxable income wages you received for the period during which you were absent on account of personal injuries or sickness under the following conditions:

A. If you were hospitalized on account of sickness for at least one day at any time during your absence or were injured, the exclusion applies to the full period of absence.

B. Otherwise the exclusion applies only to absence after the seventh calendar day of the absence.

C. Sick Leave Exclusion reports will be furnished all employees whose sick leave absence during the year render them eligible to excludable income by conditions given above. A sample report form is shown here. Your sick leave exclusion report will be issued as soon as possible after the close of the year and shortly after you receive your Form W-2 (Report of Income Tax Withheld).

SICK LEAVE ABSENCE REPORTS

2.0 It is to your interest to make certain that you furnish the Timekeeping Office with sufficient information on your Sick Leave Absence Request Form so that Office can maintain an accurate record of any absence due to illness or injury so they can furnish you the required information at the end of the year.

A. If you had to use vacation, holiday, or compensating time during your illness or injury absence be sure to indicate plainly on the Absence Request Form #634 that your absence was due to illness or injury and secure a substantiating signature from your attending physician.

INJURY - HOSPITALIZATION

3.0 Always make certain your Absence Request carries these dates - the date of injury or the date you entered the hospital or both, if such is the case.

SONOMA STATE HOSPITAL
Eldridge, California

STATEMENT OF SICK LEAVE ABSENCE
From December____through November____

NAME OF EMPLOYEE: _____

DATES OF ABSENCE	NUMBER OF DAYS EXCLUDABLE	REASON	AMOUNT DEDUCTIBLE
_____ to _____	_____		$_____
_____ to _____	_____		$_____
_____ to _____	_____		$_____
_____ to _____	_____		$_____

ADJUSTED SICK LEAVE WHILE ON DISABILITY COMPENSATION* STATUS

DATES OF ABSENCE	NUMBER OF DAYS USED	AMOUNT DEDUCTIBLE
_____ to _____	_____	$_____
_____ to _____	_____	$_____
_____ to _____	_____	$_____
_____ to _____	_____	$_____

*NOTE CAREFULLY: If you were on Disability Compensation Status the payments made to you by the State Compensation Insurance Fund are not included in your W-2 as such payments are not taxable, therefore, only the Adjusted Sick Leave payments made to you by the State Controller's Office, as listed above, are excludable income, in addition to sick leave payments listed, if any.

Eldridge, California, _____
(Date)

SONOMA STATE HOSPITAL

_____
Personnel Clerk

Per.4A

REPORTING TO DUTY FOLLOWING ABSENCE

1.0 All employees returning to duty following an absence such as sick leave, vacation, jury duty, absence, authorized leave of absence or return from a deportation trip are required to notify their Division Office of their expected return the day before they report back to work. All employees are also required to phone their Division Office as soon as they arrive on duty the first day back on the job.

2.0 It will be the responsibility of the employee to make out his/her sick papers Form #634, (See sample, page 9) as soon as possible after return to duty. Form #634 is to be completed within three days after return to duty and submitted to the employee's Supervisor in the Division Office for his/her signature of verification of time off. It is the Supervisor's responsibility to see that Form #634 is sent to the Timekeeper. It is expected that the [redacted] Charge of the shift will assist the Technician, if necessary, in completing this form. These forms are available on the ward for the employee's convenience.

2.1 Any employee off on compensation or extended sick leave will be required to complete form #634 and furnish a doctor's certification before going to work, stating that he/she is now fully capable of performing any and all duties required of his/her assignment.

3.0 No Form #634 will be signed by any Supervisor on pay day if it is not in accordance with 2.0 and 2.1 above, or unless the Form #634 covers the last two days of the pay period, or if the employee is still off duty.